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CONFIRMATION NO. 4321

<b>SERIAL NUMBER</b> 08/467,605	<b>FILING OR 371(c) DATE</b> 06/06/1995 <b>RULE</b> 1.60	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> .MI-001CPDV
<b>APPLICANTS</b> MASSIMO PIETROPAOLO, BROOKLINE, MA; GEORGE S. EISENBARTH, WELLESLEY, MA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 08/307,485 09/16/1994 PAT 5,891,437 which is a CON of 07/901,523 06/19/1992 ABN which is a CIP of 07/788,118 11/01/1991 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 08/01/1995				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 6
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 26161				
<b>TITLE</b> ANTIGEN ASSOCIATED WITH TYPE I DIABETES MELLITUS				
<b>FILING FEE RECEIVED</b> 730	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	